



# Montana Mental Health OMBUDSMAN'S Report • 2001

Bonnie Adee, Mental Health Ombudsman

## Message FROM THE MENTAL HEALTH OMBUDSMAN

In July, 2000, the Mental Health Ombudsman Office began using a database to keep track of all contacts and the issues people were concerned about. The data shows that access to mental health care is the prominent issue. Nearly 50% of all people contacting the Ombudsman had a problem accessing mental health care.

### Access to Care

The Ombudsman's Office identifies the barriers people face as they try to access mental health care. Below are some of the more prevalent ones:

- Sometimes it is hard to find appropriate or needed mental health care locally or even within the state. (6%)
- Many people have difficulty with the application process or find themselves on a waiting list because the program they qualify for is capped. (7%).
- People who do not qualify financially for the state's Non-Medicaid plan (income *over* 150% of Federal poverty level) have difficulty paying for necessary mental health care. (5%)
- People with health insurance often find the care they need isn't covered or they can't afford it. (4%)
- Transportation issues, both the lack of reimbursement and inadequate rates, presents barriers to access. (4%)
- People in the criminal justice system have great difficulty accessing mental health care (9%), although access varies depending on where in the system a person is.

- After the 2001 Legislative Session, children in Montana have *less* access than they did before (*contacts about this issue increased after 3/1/2001*).

### Complaints

Complaints about providers or about the system are the next most frequent reason people contact the Ombudsman's Office (16%).

- All allegations of abuse or neglect are referred to other entities who have responsibility and authority to investigate them. The Ombudsman may stay involved with the situation to learn the results of the investigation.
- Most complaints are resolved informally, without filing a formal grievance. Many situations simply require better communication between the provider and the client.

### Other Systems

People with mental illness may need help with issues beyond the mental health system. The Ombudsman Office provides information and referral, and sometimes can assist on the person's behalf.

- 4% of those contacting the Ombudsman had an issue with the Department of Child and Family Services. Sometimes parents alleged that their own mental illness was the reason they lost custody of their child.
- 3% needed help with employment, housing or legal representation.
- 6% had concerns about commitment issues or patient rights.
- 2% needed help with discrimination issues.
- 2% had difficulty with a Social Security issue.

### Recommendations

Based on the data received during the past fiscal year, and also on the conversations with individuals that is difficult to capture in numbers, the Ombudsman makes the following recommendations to the legislature and the the Governor's Office:

- **Increase access to mental health care for all children.** Research suggests that early intervention and prevention are effective in reducing the cost and burden of subsequent illness. The current options for access to mental health services for children leave too many opportunities for a child to either not receive help, or to receive it in a place that is more restrictive than necessary.
- **Maintain a pharmacy benefit** as part of the Mental Health Services Plan. Psychotropic medication is a significant component of mental health treatment and is regarded as vital by many people with mental illness.
- **Develop more community services with proven effectiveness** for both adults and children. Montana has few peer education and support programs, or consumer-run services available. In other states, these programs are effective in helping people stay close to home.
- **Find more ways to divert persons with serious mental illness away from the criminal justice system**, where either the Department of Corrections or the county pay all of the cost of mental health care and where access to mental health services is more limited.

## Resources

- KEN - Knowledge Exchange Network  
<http://www.mentalhealth.org>
- National Mental Health Consumers' Self-Help Clearinghouse  
<http://www.mhselfhelp.org>
- PLUK - Parents, Let's Unite for Kids  
<http://www.pluk.org>
- Surgeon General, Virtual Office of the  
<http://www.surgeongeneral.gov>
- MHAM - Mental Health Assn of Montana  
<http://www.mhamontana.org>
- NAMI - The Nation's Voice on Mental Illness  
<http://www.nami.org>
- Bazon Center for Mental Health Law  
<http://www.bazon.org>
- IAPRS - Int'l Assn of Psychosocial Rehabilitation Services  
<http://www.iaprs.org>
- Moe Armstrong and Peer Educators  
<http://209.58.132.78/moe>

## How to Reach Us

The Ombudsman Office is open from 8 a.m. to 5 p.m. Monday through Friday. You may leave a voice message anytime.  
Toll Free: **1-888-444-9669** FAX: **(406) 444-3543**  
EMAIL: **badee@state.mt.us**

## Who We Are



**Bonnie Adee**, Mental Health Ombudsman

Bonnie was appointed to a four year term as Mental Health Ombudsman in 1999 by former Governor Marc Racicot. She has two Master's Degrees, one in education and one in health care administration. For fourteen years, Bonnie was director of Helena's hospice program. In 1994 she became Director of Behavioral Health Services for St. Peter's Hospital in Helena. Currently, Bonnie serves as Vice Chairperson of the School Board in Helena, as well as a member of a Juvenile Justice Council. Her two grown children are away at school.



**Brian Garrity**, Program Specialist

Brian joined the staff in October, 1999, and works half-time. In recent years, Brian has been a member of the Board of Directors of the Mental Health Association of Montana, vice-chair of the Mental Health Oversight Advisory Council for the Addictive and Mental Disorders Division, and a member of the Co-occurring Disorder Task Force and Work Group for the Addictive and Mental Disorders Division. Brian has been an active advocate for people with mental illness, a role enhanced by his own open history and perspective as an individual with mental illness.

# Our Mandate.....

“The Ombudsman shall represent the interests of individuals with regard to the need for public mental health services, including individuals in transition from public to private services.”

2-15-210 (3), MCA

## Changes made by the 57<sup>th</sup> Legislature

- The Mental Health Ombudsman Office is attached directly to the Governor’s Office for administrative purposes.
- The Ombudsman will provide an *Annual Report* to the Governor and to the Legislature, including recommendations.
- The Ombudsman may not represent a consumer in a legal proceeding.
- The Ombudsman may hire an attorney for assistance during an investigation.
- Information provided to the Ombudsman during the course of an investigation is privileged and confidential.
- When necessary for an investigation, the Ombudsman has access to confidential information.

## Ombudsman provisions that did NOT change

- The Governor appointed the Ombudsman to a four-year term, ending June 30, 2003.
- The Ombudsman investigates the concerns of consumers who receive public mental health services.
- The Ombudsman Office has 1.5 FTEs to respond to consumers and families throughout the state. Most of the contact is by phone.
- The Ombudsman meets regularly with government officials to discuss issues brought forward by consumers and family members.

of a consumer. This includes mental health providers, such as a case manager, and family members of an adult. In that case, we can work with that person on behalf of the identified consumer.

## Assistance (23%)

Sometimes information and coaching isn’t enough, and we need to provide more assistance or investigate the situation. Although the Ombudsman Office now has access to necessary information when investigating a concern, we routinely request a Release of Information from the person to verify we have their permission to investigate. The Ombudsman Office wrote twenty (20) Investigative Reports this year as a result of requests for assistance.

## Referral (13%)

When another agency can help the consumer more effectively than the Ombudsman, we make a referral. This year we made fifty (50) referrals. Half of those were made to the Mental Disabilities Board of Visitors. Almost

a quarter of the referrals went to the Montana Advocacy Program (MAP). We intend to have more discussion with both agencies about the appropriateness of our referrals and how we can improve the coordination of our collective resources.

# How We Help.....

## Information (44%)

Many callers need information about something. The Ombudsman Office provides information about the mental health system as well as about other systems used by people with mental illness. When the Ombudsman is aware of another (or better source) of information we may refer the person as well. Some people have concerns that represent problems public policy issues. The Ombudsman reports consumer and family member concerns to Legislators and other decision makers through testimony, meetings, and participation on task forces and other committees.

## Coaching (20%)

Our first strategy to help someone resolve a problem is coaching. We try to give the callers enough information and confidence to address the problem themselves. We help to clarify the issue and to identify the resources available. Sometimes a caller is contacting us on behalf

# Selected Cases.....

Children had difficulty accessing mental health care for different reasons than adults did. For example, children experienced problems with authorization for services (pre-authorization is required more often for the services children use, such as residential care, group home, therapeutic foster care). Also children had more difficulty finding the services they needed. Both children and adults were found ineligible for the state’s non-Medicaid coverage because of income over 150% of the Federal Poverty Level, but more children than adults reported lack of mental health care when they had insurance.

The following are some examples of children who had difficulty accessing the mental health care they needed.

## CASE 684

A sixteen year old had made several serious suicide attempts. She was at home, and her parent could not go to work because 24 hour supervision was required to keep her safe. The parent had insurance that covered some inpatient days, but that coverage had been “used up” on prior hospitalizations. Because it was self-insured, the insurance plan was not required to offer parity and cover this illness, even though the youth had a serious mental illness and death was the potential result of lack of treatment.

## Case 828

An eleven year old was in the hospital for a serious emotional disturbance. His insurance covered a certain number of inpatient days, but did not cover the group home bed his discharge plan recommended. The child’s community school told his parent he couldn’t return until his behavior improved.

## Case 694

Two children in a family were enrolled in CHIP. Before they could re-enroll in CHIP, their parent was told to apply for Medicaid, even though the family had been found ineligible when they applied for it the year before. The parent received a letter stating that an appointment was required to complete the Medicaid application. Scheduling and completing the Medicaid appointment delayed the CHIP application enough so that the children were not re-enrolled. One child’s psychiatric medications cost \$80 a month.

## Case 634

The parent of an emotionally disturbed 13 year old returned to work while the child was away in a therapeutic group home. When the parent reported her increased income, the child became financially ineligible for the Mental Health Services Plan. Insurance coverage came with the parent’s job, but the child’s condition was considered “pre-

## Issues Reported to The Mental Health Ombudsman

Access to Mental Health Care .....	41%
Child and Family Services .....	4%
Commitment.....	5%
Complaints .....	16%
Criminal Justice System .....	9%
Discrimination .....	2%
Employment .....	1%
Financial .....	6%
Housing .....	1%
Legal .....	1%
Patient Rights.....	2%
Provider Concerns .....	1%
Social Security .....	2%
Treatment .....	2%
Other or unknown .....	7%

## Service Provided

Information .....	44%
Coaching .....	20%
Assistance .....	23%
Referral .....	13%

## Highlights from the Data

Almost 60% of contacts to the Ombudsman were either from or about adult consumers; 36% involved children younger than age 18. However, of the contacts about children, **nearly 60% were about access to care issues.**

The percentage of calls received from the South Western and Western mental health regions of the state **is greater than** those region’s percentage of the state’s population, while the percentage of calls received from the Eastern, North Central and South Central regions **is less than** those region’s percentage of the population.

existing”, so his mental health care wouldn’t be covered. Eventually the parent decided not to pick the child up when he was discharged from an inpatient facility so that the state would take temporary custody and provide medical care. The parent was charged with medical neglect.

## Case 716

A parent with insurance has a \$5000 deductible. Having the insurance makes her child ineligible for CHIP. However, her income is below 150% of poverty so her child qualifies for the Mental Health Services Plan. That plan does not cover the case management and out-of-home care the child needs and neither does the insurance.

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